

OMBUDSMAN INFORMATION SHEET

Privacy Statement: Completion of this form is voluntary and solely the command ombudsman will use its contents. Certain items to be used for the newsletter are Addresses for mailing labels, and birthdays of family members. Signing this form gives permission for the ombudsman to utilize the information and as documentation of your knowledge of this program.

Signature: _____ Date: _____

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Name: _____ SSN: _____ PRD: _____

Rate/Rank: _____ Department/Element: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Spouse: _____ DOB: _____ Anniversary: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Expecting: _____ Date: _____

Interests/Hobbies: _____

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NEWSLETTER ADDRESSES

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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The monthly newsletter covers topics pertaining to military life, local community, command activities, and special days (birthdays, births, marriages, anniversaries) for all command families.

What type of information would you like to see included in the newsletter: _____
